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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Podrebarac, et al.

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Atty. File: CDT 1788 CON

Serial No.: 10/820,399

Group Art Unit: 1764

Filed: 04/07/2004

Examiner: W. Griffin

For: Process for the Selective Hydrogenation of a Mid Range Gasoline Cut

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

ENCLOSED:

- ☒ A Terminal Disclaimer To Obviate A Double Patenting Rejection Over A "Prior" Patent.
- ☒ Check for \$130.00 for the fee.

Respectfully submitted,

Kenneth H. Johnson
Reg. No. 22,966
P.O. Box 630708
Houston, Texas 77263
Tel. (713) 780-7047
FAX No. (713) 780-7671

Date: 06/10/2005

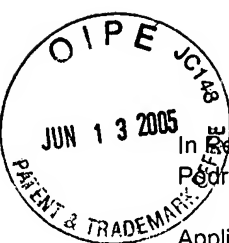
CERTIFICATE OF MAILING

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on 06/10/2005

Kenneth H. Johnson



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

In Re: The Application of
Podrebarac et al.

Application No.: 10/820,399

Filed: 04/07/2004

§ Attorney Docket No.: CDT 1788 CON
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§ Group Art Unit: 1764
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§ Examiner: W.D. Griffin

For: Process for the Selective Hydrogenation of a Mid Range Gasoline Cut

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Terminal Disclaimer (Fee enclosed).
☐ Sheets of formal drawings (in triplicate)
☒ Petition for Extension of Time to Respond (1 month). (Fee enclosed).
☐ No additional fee is required.
☐ The fee has been calculated as shown below

(Col. 1)	Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PRESENT PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDIT. FEE	RATE ADDIT. FEE
TOTAL * 6	MINUS ** 20	= 0	x 9 = \$	x 18 = \$
INDEP * 1	MINUS ** 3	= 0	x 44 = \$	x 88 = \$
<input type="checkbox"/> FIRST PRESENT. OF MULT. DEP. CLAIM			+150 = \$	+300 = \$
ADDIT. FEE			TOTAL \$	OR TOTAL \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col.3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

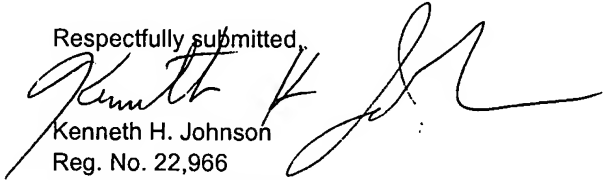
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 10-0740 in the amount of \$_____. A duplicate of this sheet is enclosed.

☒ A check for \$ 120.00 (Pet. For Extension of Time to Respond (1 Month) is enclosed.

☐ The Commissioner is hereby authorized to credit any overpayment to Deposit Account No. 10-0740.

Respectfully submitted,


Kenneth H. Johnson
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DATE: 06/10/2005

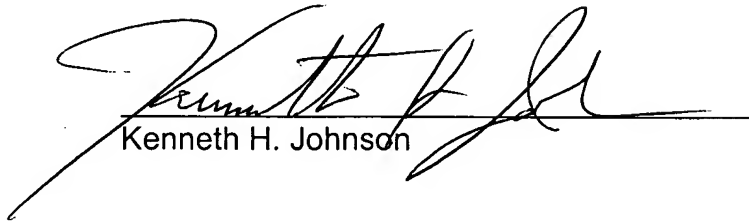


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Kenneth H. Johnson